



Challenge TB - Ukraine

Year 2

Quarterly Monitoring Report January–March 2016

Submission date: April 29, 2016

Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 2 ACTIVITY PROGRESS	6
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 13	
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	14
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	15
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	17
7. QUARTERLY INDICATOR REPORTING	21

*Cover photo: Role playing the patient-oriented approach in side effects management during the CTB workshop on clinical guidelines for side-effects management, Kyiv, February 17, 2016
Photo credit: Svitlana Leontyeva*

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Ukraine
Lead Partner	PATH
Other partners	KNCV Tuberculosis Foundation
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements:

This report covers Challenge TB (CTB) project progress and achievements during the second quarter of project Year 2 (January 1–March 31, 2016). During the reporting period, PATH staff collaborated with the KNCV Tuberculosis Foundation (KNCV), the United States Agency for International Development (USAID), the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine (UCDC), the National Research Institute on TB and Lung Diseases, and partners from Poltavaska, Mykolayivska, and Kyivska oblasts to implement the Year 2 work plan. In this period, the project continued to expand and improve a model for a patient-centered approach to multidrug-resistant tuberculosis (MDR-TB) care based on high-quality ambulatory treatment and other MDR-TB control services. Specifically, the project extended patient-centered approach activities to a new project partner oblast (Kyivska oblast); developed recommendations on improving the process of active case-finding and management of DR-TB among close contacts; and developed the first draft of an operational research (OR) protocol for introducing new drugs and shortened treatment regimens for MDR-TB treatment, with the aim of achieving the project's objective of improved MDR-TB treatment success rates in project oblasts.

Most significant achievements:

- In quarter 1, CTB conducted an assessment of the current system of contact investigation, which revealed a fragmented, inconsistent, and ineffective system that requires improvements. To ensure timely diagnosis and treatment initiation for potentially missed tuberculosis (TB) cases, this quarter the CTB project conducted two roundtable meetings at project sites with national tuberculosis program (NTP) representatives and all involved parties to review existing practices; discuss barriers, challenges, gaps, and needs in TB contacts investigation and management; and develop a set of recommendations to be included in the strategy. The most significant challenges in TB contacts investigation and management are: the current decline of the Sanitary – Epidemiological Services (SES), which used to play a central role in contacts investigation and management; the lack of holistic guidelines on TB contact investigation and management; and the lack of current, approved guidelines in pediatric TB management.

During the remaining quarters of the year, the CTB project will lead the development of the strategy for and will support the creation of a holistic, consistent system of TB contacts investigation and follow-up in Mykolayivska and Poltavaska oblasts and further recommend it to be adopted by the Ukrainian NTP.

- During the reporting period, the CTB project developed a Draft Operational Research Protocol (the Protocol) for introducing new drugs and shorter drug regimens for the treatment of MDR-TB and XDR-TB (extremely drug-resistant TB), in close collaboration with the National Research Institute on TB and Lung Diseases and UCDC. (Because new drugs and regimens are not registered or not included in programmatic guidelines, it is necessary for CTB to perform this work as an OR project prior to NTP review and acceptance for scale-up.) As part of this effort, the project collected reviews of suggested shortened and pre-XDR/XDR treatment regimens and enrollment/exclusion criteria based on international evidence/ recommendations, taking into consideration the local situation

(DR-survey results, access to tests, available drugs, etc.) from the World Health Organization (WHO)/Ukraine and WHO-Euro. Currently, the Protocol is being reviewed by in-country stakeholders, PMU, and USAID and will be adjusted according to the recommendations. Also, based on intensive discussions with providers from Kyivska oblast (the proposed site for implementation of the operational research), a list of required standard operational procedures (SOPs) was developed, including MDR/XDR-TB case detection at different levels of care, pharmacovigilance, patient monitoring, and other key elements. During the reporting period, nine draft SOPs were drafted. Key next steps also were pursued, including finalizing the SOPs, submitting the Protocol for ethical review to the Kyivska oblast ethical committee, National Research Institute of TB and Pulmonology Ethical Board, and PATH's Institutional Review Board (IRB), conducting an introductory workshop, providing assistance to NTP in developing the bedaquiline (BDQ) donation request, identifying the best approach to assure supply, calculating the number of patients involved, and 'preparing the ground'—that is, providing technical assistance to Kyivska oblast to improve utilization of existing resources, train providers in MDR-TB case management, ensure the quality of the laboratory diagnostic, strengthen the TB case management at the ambulatory stage, and ensure proper monitoring. Patients' enrollment is expected to start in the last Quarter of APA 2. These activities will be completed over the next two quarters.

- The draft clinical guidelines for side-effects management for TB and DR-TB patients were finalized during the reporting period and submitted to the UCDC and State Expert Center for further approval by the Ministry of Health's (MOH) order to implement country-wide. The first workshop in guideline principles was conducted on February 17–19, 2016, in Kyiv, and 29 participants from Mykolayivska, Poltavaska, and Kyivska oblasts took part. The participation profile represented significant interest of care providers at all levels and included chief doctors, deputy chief doctors, MDR-TB department heads of oblast and district TB dispensaries, rayon/district TB doctors working in the primary health care service, and representatives from UCDC, the National Research Institute on TB and Lung Diseases, and the National Medical University. The participants provided positive feedback on draft clinical guidelines for side-effects management and highlighted how crucial the need is for this legal and normative document for guiding DR-TB case management. During the workshop, the participants also discussed the current situation and the urgent necessity to improve registration of side effects in the national TB register (e-TB Manager). During the next quarter, the CTB project, in collaboration with the National Research Institute on TB and Lung Diseases and UCDC, plans to conduct a webinar on the guidelines for all TB and other interested providers in Ukraine.
- Several nongovernmental organizations (NGOs), namely the charitable organization Light of Hope in Poltavaska oblast and the charitable organization Initiative for Life and local charitable foundation Vykhid in Mykolayivska oblast, which had been awarded grants on a competitive basis in the previous quarter, are now providing psychological, social, legal, and other support to DR-TB patients during the ambulatory phase of treatment to better ensure treatment completion and improve outcomes. By March 31, 2016, the NGOs, working in close collaboration with the oblast TB dispensaries and other key regional TB stakeholders, provided medical, nutrition, transport, legal, and other support to 133 MDR/XDR-TB patients within the project. In particular, support was provided to 41 patients by Light of Hope, to 48 patients by Initiative for Life, and to 44 patients by Vykhid. The PATH team is closely monitored implementation of sub-awards and conducted a monitoring visit to Mykolaivska oblast from February 29 to March 2, 2016, and to Poltavaska oblast from March 3 to 4, 2016. The project staff provided the NGOs with technical assistance and supportive supervision and monitored the implementation of activities in oblast cities and rayons of project oblasts. During the monitoring visits, PATH staff also conducted stakeholder meetings at the oblast TB dispensaries to discuss achievements and challenges in implementing the DR-TB patient psychosocial support strategy to ensure treatment adherence at the ambulatory phase in Mykolaivska and Poltavaska oblasts.

Technical/administrative challenges and actions to overcome them:***Administrative challenges***

- Delayed hiring of two budgeted positions of PATH Ukraine staff (program officer and program assistant). PATH searched for candidates and conducted several rounds of interviews, but unfortunately the finalist took another job. This delayed new hires significantly, as the hiring process needed to start again from scratch. The two positions were filled in February 2016.
- Unpredictable fluctuation of the local currency exchange rate has had a significant influence on reliability of expense projections, as the budget is in USD, while the majority of expenses are in UAH.
- Delay in sub-awarding to Red Cross, due to the fact that the Year 1 sub-award had to be extended to Year 2 following the lengthy approval process. Currently, PATH is assessing the possibility of splitting the Red Cross Ukraine sub-award into two sub-awards to Red Cross/Poltava and Red Cross/Mykolaiv to be able to manage activities directly on site.

Technical challenges

Currently, Ukraine lacks second-line drugs procured by the government, although the government procurement of new drugs occurred earlier this year, with expected supply starting in July. Currently, Ukraine continues to use medicines received under the Global Fund grant, which were intended to treat only 50 percent of patients. This means that Ukraine runs the risk of stock-outs by the end of the year, if replacement supplies are not received in time. Given that these procurement problems have occurred above the NTP level, the CTB project continues to closely monitor the situation to ensure that drugs are available for the full treatment course for newly enrolled patients.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Selection and assessment of new project oblast	1.4.1			Mission conducted	Mission report prepared		N/A	Planned for Q3
Mentoring implementation of the developed algorithm of MDR-TB outpatient case management	1.4.2	2 roundtables (RT) (1 per oblast)		2 RT (1 per oblast)		2 RT conducted: on Dec 15 in Poltavskva oblast and on Dec 21 in Mykolayivska oblast	Met	
Provide technical assistance (TA) to the national TB control program in scaling up of the developed ambulatory care algorithm of MDR-TB case management	1.4.3		Meet with partners	Draft dissemination package prepared	Dissemination package prepared;	Draft dissemination package prepared; CTB project sites presented their experience in algorithm implementation of ambulatory care provision for MDR-TB patients during the national conference "Topical issues of inpatient and outpatient MDR-TB case management".??	Met	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Assess and strengthen active case finding	3.1.1	Assessment conducted	2 RT conducted	Recommendations	Report on monitoring	Assessment questionnaire for	Met	

(ACF) among close contacts including family members, children				developed and disseminated at 2 workshops	of recommendations implementation	close contacts developed and assessment conducted; draft report prepared; 2 round tables conducted		
Carryover APA1B 3.2.1: Provision of support to MDR-TB patients to ensure patient-centered approach in MDR-TB care	3.2.1	Subcontracts issued	Monitoring visit conducted	Midterm reports from NGO(s) on work conducted	Summary reports from NGO(s) prepared	NGOs in project oblasts selected; subcontracts issued and signed in November; implementation started	Met	
Continue: support of Ukrainian Red Cross (URC) to ensure treatment adherence and completion	3.2.2	Sub-award to URC issued	Monitoring visit conducted	Midterm report from URC on work conducted	Reports from URC analyzed and summary report prepared	Monitoring visit conducted; two sub-awards developed	Partially met	Sub-awards will be signed with URCs oblast organizations
Implementation of clinical guideline for side-effects management for TB, DR-TB patients	3.2.3	- 1 workshop - Procurement of supplies	- 1 webinar - Printing done	1 workshop	2 mentoring site visits conducted	2 audiographers procured for Poltavaska and Mykolayivska oblasts; the need of essential lab supplies collected and procurement conducted; workshop conducted on Feb 17 – 19, 2016	Partially met	Printing postponed due to document revision. Webinar postponed to quarter 3.
Carryover APA1B 3.2.2: Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	3.2.4	Strategy developed				Strategy developed and implementation started	Met	

Carryover APA1B 3.2.3: Build capacity of local NGOs	3.2.5	2 trainings conducted		Workshop conducted	Workshop conducted	Two trainings on December 16–18 in Mykolayivska oblast and December 21–23 in Poltavaska oblast conducted for 41 participants total	Met	
Assessment of the M/XDR-TB situation, preparedness of the NTP for implementation of shortened regimens and new drugs	3.2.6	Assessment report of the M/XDR-TB situation; preparedness of the NTP for implementation of shortened regimens and new drugs				On October 19–22 PATH and KNCV consultant Gunta Dravniece conducted assessment; report prepared	Met	
Development of operational research (OR) protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	3.2.7		- Optimized diagnostic algorithm for early diagnosis of M/XDR-TB drafted - Standard operating procedures (SOPs) for patient selection and management	OR protocol on shortened regimens and new TB drugs approved by MOH and ethics committee		OR protocol and SOPs drafted	Met	
Development of system for link between laboratory, clinicians, register, and SES in pilot sites	3.2.8		1 meeting on introduction of SOPs	1 meeting on introduction of SOPs	Linking system between laboratory, clinicians, register,		Not met	Postponed to April because of the development of OR protocol and SOPs.

					and SES in pilot sites is developed and set			
Training for clinical, laboratory, PV, and SES personnel in pilot sites	3.2.9		Training arrangements started: participants defined, training materials, etc.	Trainings for clinical, laboratory, PV, and SES personnel in pilot sites		CTB team started training preparation including logistical arrangements and materials development	Met	
Patient selection, enrollment, and monitoring for treatment with shortened MDR-TB regimens and new drugs	3.2.10			TA to pilot oblast in applying patient selection and enrollment procedures	Enroll 20 MDR-TB patients for shortened regimens and 5 pre/XDR-TB patients with new drugs		N/A	Planned for Q3

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
TA to implementation of infection control (IC) plan measures	5.1.1		- 2 workshops - Procurement done - Draft materials developed	- Materials pretested	- Materials printed and disseminated	CTB specialists together with oblast TB dispensaries representatives provided on-the-job assistance to TB Service specialists, oblast AIDS centers specialists, family physicians from ambulatories on Infection Control activities in project	Met	

						<p>sites; CTB experts conducted two workshops with 41 specialists participating in total, including head doctors, TB doctors, infectiologists, epidemiologists, family physicians, nurses, labor protection engineers, oblast health care department representatives.</p> <p>(Mykolayivska oblast March 02-04,2016; 15 F/6M; Poltavaska oblast March 23 -25, 2016; 17F/3M)</p> <p>Procurement of 20 shielded UV lamps and 85 just UV lamps done.</p>		
--	--	--	--	--	--	--	--	--

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
<p>National TB Control program development for (NSP) 2017–2021</p> <p>Based on discussion with NTP and USAID, Year 1 activities 7.1.1 and 7.1.2 are combined into 7.1.1 in Year 2 (including KNCV activities carryover). NTP requested CTB to</p>	7.1.1	Workshop on MDR-TB scale-up plan development conducted	Draft NSP prepared		New NSP developed	The concept of NSP was discussed at the Roundtable that was conducted within the Joint National Meeting of WHO and other international TA TB projects on November 26–27. The MOH order on creation of the national working group for NSP	Partially met	Separate workshop on MDR-TB scale-up plan development was not required. CTB project participated in five working group meetings on NSP development.

lead the development of the MDR national scale-up plan as part of the NSP.						development was issued: 2 CTB representatives were included in the working group. The draft concept of NSP, which makes provision for the patient-centered modules of TB and MDR TB case treatment and care provision to patients on ambulatory stage, has been developed. CTB supports this by developing ambulatory care algorithm and the dissemination package for its scaling up. Prepared draft NSP includes MDR TB counteraction plan.		
--	--	--	--	--	--	---	--	--

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Training on MDR-TB case management for TB providers	11.1.1		Training conducted			Training conducted on March 14-18, 2016 Kyivska obl. – 12 F: 9, M: 3 Mykolayivska ob. I– 2 F: 1, M: 1 Poltavaska obl – 5 F: 3, M: 2 Total – 19	Met	

						M: 13, F: 6		
Training for primary health care providers in MDR-TB case management at ambulatory stage	11.1.2		2 trainings conducted	2 trainings conducted		2 trainings conducted (Feb 22-24, 2016; Feb 29 – March 3, 2016) Mykolayivska obl.- 20 F: 16, M: 4 Poltavska obl- 20 F: 16, M: 4 Total – 40 F: 32, M: 8	Met	
Annual dissemination event with non-project oblasts participation	11.1.3	Meeting conducted				Joint national meeting of WHO and other international TA TB projects was conducted with participation of the representatives of all oblasts of Ukraine on November 26–27. PATH and Poltavaska oblast partners made presentations on the ambulatory MDR-TB care approach, algorithm and implementation experience, and lessons learned.	Met	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Joint TB/HIV Grant (3 PRs)	B1	B1	US\$133,508,128	US\$40.6 m	
PR: INTERNATIONAL HIV/AIDS ALLIANCE, UKRAINE	n/a	n/a	US\$68,799,281	US\$23,315,213	
PR: ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS	n/a	n/a	US\$60,406,308	US\$16,393,763	
PR: UKRAINIAN CENTER FOR SOCIALLY DANGEROUS DISEASE CONTROL OF THE MINISTRY OF HEALTH (UCDC)	B1	B1	US\$4,302,539	US\$903,266	

* Since January 2010

In-country Global Fund status – key updates, current conditions, challenges, and bottlenecks

Ukraine is currently implementing a joint TB and HIV grant for 2015–2017, which combines the activities included in an HIV Round 10 proposal and a TB Round 9 proposal. The grant is being managed by three principal recipients: the UCDC of the Ukraine MOH, the All-Ukrainian Network of People Living with HIV/AIDS (PLWHA Network), and the International HIV/AIDS Alliance in Ukraine.

The single TB and HIV concept note 2015–2017 focuses on the further alignment of HIV and TB in relation to leadership and governance, financing, information systems, the health workforce, service delivery, and community systems. It includes interventions for the provision of defined service packages for injecting drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM), and prisoners; HIV testing and counseling; condom programs; HIV treatment, care, and support; and MDR-TB treatment.

The proposed concept note is expected to partially fill the weaknesses and gaps of the state-funded National AIDS Program 2014–2018 and the NTP 2012–2016. The goal of the three-year grant is to contain the TB and HIV epidemics and reduce TB- and HIV-related morbidity and mortality in Ukraine. Given the concentrated nature of the TB-HIV epidemic, the focus is on IDUs, CSWs, MSM, and the transgender population; TB-infected people and their contacts; people living with HIV/AIDS (PLHA) and the sexual partners of most-at-risk populations (MARPs); and the prison population.

Thus, the concept note states the following three objectives for the proposed program:

1. To scale up and ensure equitable access to high-quality TB and HIV prevention, treatment, care, and support with a focus on key affected populations (MARPs, PLHA, and other people most affected by the HIV and TB epidemic).
2. To strengthen the health system toward sustainable and integrated solutions for key populations most affected by the HIV and TB epidemic.
3. To strengthen community systems that enable needs-based, cost-effective, and integrated interventions for key populations most affected by the HIV and TB epidemic.

Integration of TB services into the primary health care system is not included in the grant, and the comprehensive ambulatory case management approach will not be directly strengthened under this grant.

To ensure support to patients for TB treatment adherence, two grant sub-recipients have been identified and approved: the PLHIV Network, to support patients with drug-sensitive TB, and the Ukrainian Red Cross, to support patients with MDR-TB. MDR-TB patients receiving treatment under the Global Fund grant (approximately 50 percent of all MDR-TB patients) will be supported by the Ukrainian Red Cross. Patients with drug-sensitive TB will be supported by the PLHIV Network. The State Penitentiary Service of Ukraine was approved as the sub-recipient for TB case management activities in prisons, as it was defined in the grant concept note.

In general, the grant is being implemented as scheduled. Currently the rating of the grant is B1.

Challenge TB & Global Fund – Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

During the reporting period, the CTB project team participated in a number of meetings and consultant communications with the MOH, UCDC, Global Fund consultant and other stakeholders on the development of the transition plan for governmental funding of activities currently funded by Global Fund to ensure sustainability of the provided services. On February 2, the working group meeting to discuss the suggested plan was conducted; three project staff participated in the meeting and provided feedback and recommendations that have been considered. The plan contains the table of risk assessment of the transition process, strategic prioritization approach, progressive transition plan, and other documents.

At the regional level, the CTB project monitored the support provided to drug-sensitive TB patients by regional PLHIV Network organizations. The Global Fund grant funds these organizations with the goal of improving and ensuring treatment completion. In practice, very few patients are actually being supported and, although TB drugs are distributed, directly observed treatment (DOT) is not always ensured. CTB noted gaps in the quality and reach of support and shared this concern with the UCDC for quality improvement actions and with USAID Mission.

Finally, the CTB project team conducted meetings with Ukrainian Red Cross regional units and TB Services to discuss the selection of patients participating in MDR-TB activities to avoid overlapping with the Global Fund grant. As was reflected in the plan, the CTB project supports MDR-TB patients who receive treatment with NTP-procured drugs through the Red Cross. Thorough selection of patients is conducted and monitored to avoid duplication with the Global Fund-supported patients.

4. Success Stories – Planning and Development

Planned success story title:	Access to treatment for XDR-TB patients
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	XDR-TB patients who currently have no access to treatment (only palliative care according to the National Protocol) will get a chance to be cured due to the introduction of the new TB drugs within the CTB Project.
Status update:	

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	6,055	3,870	Data for 2010-2014 are as reported to WHO. http://apps.who.int/gho/data/node.main.MDRTB?lang=en Data for 2015 and 2016 taken from NTP statistics and ERR system are not final. The official NTP data 2015 are being collected and will be available in May. The official NTP data for the period Jan-Mar 2016 will be available in August.
Total 2012	4,530	4,957	
Total 2013	7,615	7,672	
Total 2014	10,585	9,000	
Total 2015	9,078	8,869	
Jan-Mar 2016	2481	2453	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	n/a	n/a	There are no official data on this topic. BDQ and DLM are not started in Ukraine officially yet.
Total 2015	n/a	n/a	
Jan-Mar 2016	n/a	n/a	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						Data for the periods Oct-Dec 2015 and Jan-Mar 2016 are incomplete. Data source is ERR system. According
	Poltavska oblast	291	251				
	Mykolayivska oblast	333	301				

							to the collection cycle, these data will be complete in more than three months period.
	TB cases (all forms) notified for all CTB areas	624	552				
	All TB cases (all forms) notified nationwide (denominator)	8,448	8,049				
	% of national cases notified in CTB geographic areas	7.4	6.9				
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						
	Poltavska oblast	9	2				
	Mykolayivska oblast	7	6				
	TB cases (all forms) notified from this intervention	16	8				
	All TB cases notified in this CTB area (denominator)	612	551				
	% of cases notified from this intervention	2.6	1.4				

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Ieva Leimane	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-22, 2015	11	
2	KNCV	Svetlana Pak	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-21, 2015	10	
3	KNCV	Gunta Dravniece	*				National TB Control program development for (NSP) 2017 – 2022	Complete	March 30 – Apr 1, 2016	3	
4	KNCV	Gunta Dravniece	*				Assessment of the M/XDR-TB situation, preparedness of the NTP for implementation of shortened regimens and new drugs	Complete	Oct 18-22, 2015	4	
5	KNCV	Gunta Dravniece		*			Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing	Complete	Nov 30 – Dec 3, 2015	3	

							new drugs				
6	KNCV	Gunta Dravniece		*			Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25 – 27, 2016	3	
7	KNCV	Maria Idrissova		*			Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25 – 27, 2016	3	
8	KNCV	Sandra Kik		*			Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25 – 27, 2016	3	
9	KNCV	Maria Idrissova			*		Development of system for link between laboratory, clinicians, register and SES in pilot sites	Pending			
10	KNCV	Maria Idrissova			*		Training for clinical, laboratory, PV and SES personnel in pilot sites	Pending			
11	KNCV	Sandra Kik			*		Training for clinical, laboratory, PV and SES personnel in pilot sites	Pending			
12	KNCV	Gunta Dravniece			*		Training for clinical, laboratory, PV and SES personnel in pilot sites	Pending			
13	KNCV	Ieva Leimane			*		Training for clinical, laboratory, PV and SES personnel in pilot sites	Pending			

14	KNCV	Gunta Dravniece				*	Patient selection, enrollment and monitoring for treatment with shortened MDR-TB regimens and new drugs	Pending				
15	PATH	Lal Sadasivan	*				National TB Control program development for (NSP) 2017 – 2021	Complete	March 12 – 19, 2016	7		
16	PATH	Amie Bishop				*	Provide TA to the national TB control program in scaling up of the developed ambulatory care algorithm of MDR-TB case	Complete	March 26 – Apr 6, 2016	11		
17	KNCV	Gunta Dravniece				*	Technical support	Pending				
18	PATH	Katya Gamazina	*				TB Union Conference	Complete	Nov 27 – Dec 8, 2015	11		
19	PATH	Alexey Bogdanov	*				TB Union Conference	Complete	Nov 27 – Dec 8, 2015	11		
20	PATH	NTP Staff	*				TB Union Conference	Complete	Nov 30 – Dec 8, 2015	8		
21	PATH	Katya Gamazina			*		TB Conference	Pending				
22	PATH	Alexey Bogdanov			*		TB Conference	Pending				
23	PATH	Local partner, TBD			*		TB Conference	Pending				
24	PATH	Local partner, TBD			*		TB Conference	Pending				
25	PATH	Katya Gamazina			*		Management meeting with KNCV	Pending				
26	PATH	Alexey Bogdanov			*		Management meeting with KNCV	Pending				
27	PATH	Anton Khorkov			*		Management meeting with KNCV	Pending				
Total number of visits conducted (cumulative for fiscal year)								13				

Total number of visits planned in approved work plan	27
Percent of planned international consultant visits conducted	48%

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	by project site	annually	2	3	Measured annually	
1.4.8. UKRAINE SPECIFIC: Algorithm of MDR-TB out-patient case management developed	by project site	annually	Yes (in 1 site)	Yes (in 2 sites)	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	by project sites	quarterly	National: 30,236 (271 among contacts) Poltavska obl. – 1,043 (3 among contacts), Mykolayivska obl. – 936 (9 among contacts) (2014, NTP)	Poltavska obl. – 5 among contacts Mykolayivska obl. – 12 among contacts	Poltavska obl. – 542 (11 (2%) among contacts), Mykolayivska obl. – 634 (13 (2%) among contacts)	Data for the period Jan-Mar 2016 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period.
3.1.4. Number of MDR-TB cases detected	by project sites	quarterly	National: 7,855 MDR-TB Poltavska obl. – 414, Mykolayivska obl. – 360 (2014, NTP)	Poltavska obl – 370, Mykolayivska obl – 400	Poltavska obl. – 73, Mykolayivska obl. – 123 (Oct-Dec 2015) Poltavska obl. – 66, Mykolayivska obl. – 125 (Jan-Mar 2016)	Data for the period Jan-Mar 2016 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period
3.2.4. Number of MDR-TB cases initiating second-line	by project sites, by regimens	quarterly	National: 7540, Poltavsk obl. – 275, Mykolayivska	Poltavska obl – 300, Mykolayivska obl- 350	Poltavska obl. – 80, Mykolayivska obl. – 114 (Oct-Dec 2015)	Data for the period Jan-Mar 2016 is incomplete. Data source is ERR system. According to the

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
treatment	(short and containing new drugs)		obl.- 313 (2014, NTP)	by regimens: 20 for shortened regimens, 5 pre/XDR patients with new drugs	Poltavska obl. – 66, Mykolayivska obl. – 119 (Jan-Mar 2016)	collection cycle, this data will be complete in more than three months period
3.2.7. Number and percent of MDR-TB cases successfully treated	by project sites	annually	National: 1909 (34%), Poltavaska obl.- 102 (53%), Mykolayivska obl.- 41 (37%) (2014, NTP cohort 2012)	Poltavska obl. – 102 (55%), Mykolayivska obl.- 138 (42%)	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	by project sites	quarterly	Poltavska obl. - 64%, Mykolayivska obl. - 63% (2014, NTP)	Poltavska obl. - 65%, Mykolayivska obl.- 65%	Poltavska obl. - 71%, Mykolayivska obl.- 67% (Oct-Dec 2015) Poltavska obl. – 53%, Mykolayivska obl. – 50% (Dec-Mar 2016)	Data for the period Jan-Mar 2016 is incomplete. Data source is ERR system. According to the collection cycle, this data will be complete in more than three months period.
3.2.24. % MDR patients who receive social or economic benefits	APA1B: type of support, by project sites	annually	0	20%	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.1. Status of TB IC implementation in health facilities	by project sites	annually	2	2	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented;	National	annually	0	2	1	Measured annually

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented						

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of health care workers trained, by gender and technical area	by project sites, gender and TA	quarterly	Trained in APA1 87	100	Trained in APA2: Kyivska obl-12 F: 9, M: 9 Mykolayivska obl-22 F: 17, M: 5 Poltavska obl-25 F: 19, M: 6 Total-59 F: 45, M: 14	This indicator includes participants attended training on MDR-TB case management for TB providers and trainings for primary health care providers in MDR-TB case management at ambulatory stage
11.1.5. % of USAID TB funding directed to local partners	National	annually	4	9	Measured annually 58% of planned sub-awards are allotted as of March 31, 2016	